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CONFIRMATION NO. 3040

<b>SERIAL NUMBER</b> 09/964,786	<b>FILING OR 371(c) DATE</b> 09/26/2001 <b>RULE</b>	<b>CLASS</b> 264	<b>GROUP ART UNIT</b> 1734	<b>ATTORNEY DOCKET NO.</b> 6074/P009/10103110
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/235,457 09/26/2000  
 and claims benefit of 60/235,454 09/26/2000  
 and claims benefit of 60/269,151 02/15/2001

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
**\*\* 10/23/2001**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 14	<b>TOTAL CLAIMS</b> 32	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

000029053

**TITLE**

DELIVERY SYSTEM FOR POST-OPERATIVE POWER ADJUSTMENT OF ADJUSTABLE LENS

<b>FILING FEE RECEIVED</b> 828	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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